



FOR DEPARTMENT USE ONLY

LICENSE NUMBER _____

LICENSE EXPIRES _____

SL

STATE OF MISSISSIPPI
Department of Banking and Consumer Finance
4780 I-55 North, 5th Floor
Post Office Box 12129 (39236-2129)
Jackson, Mississippi 39211

**SMALL LOAN
LICENSE APPLICATION**

Application is hereby made for a small loan license pursuant to the Mississippi Small Loan Regulatory Law and the Mississippi Privilege Tax Law, Section 75-67-101 and 75-67-201, et seq., Miss. Code Ann.

1. _____
Business Name (including d/b/a, if applicable)

Legal Name (if different from above)

Parent Company (if applicable)

2. Business Address: _____
Street Address

City State Zip Code

Telephone Number: _____ Fax Number: _____

3. Mailing Address, if different from above: _____

Hours of Operation: _____

4. Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation

5. If Corporation: Incorporated under the laws of the State of: _____

6. Website Address: _____

7. E-Mail Address: _____

8. The name, residence, and percentage of ownership of each owner, member, partner, director, and principal officer of the company.

Name	Residence, City, State, Zip	Telephone Number	% of Ownership

9. Has there been a change in ownership or structure of the licensed company since the previous application?
☐ Yes ☐ No **If yes, explain on a separate sheet.**

10. Name and address of the Manager who is to have charge of the business under the license:

Employment history for the past 10 years: _____

11. Applicant has engaged in the small loan business in the following states:

If currently licensed or conducting business, please list the state(s) and the name and address of the regulatory agency. If not currently licensed or conducting business, but have in the past, please list the state(s) and the name and address of the regulatory agency, and the time periods you were licensed or conducting business.

12. Has any owner, beneficial owner, member, officer or director had a small loan license suspended, denied or revoked by any government agency? ☐ Yes ☐ No (If yes, please explain on a separate sheet)
13. Have you ever been in violation of the Mississippi Small Loan Regulatory Law or Mississippi Small Loan Privilege Tax Law, or been connected directly or indirectly with any business convicted of such violations or been connected directly or indirectly as principal or employee with any business licensed under this Act or similar Acts of other states, which license was suspended, denied or revoked? ☐ Yes ☐ No (If yes, explain of separate sheet)
14. Do you understand that any false or misleading statements may be grounds for denial or revocation of your license? ☐ Yes ☐ No

15. Attachments: Please use the following checklist to verify your application is complete.

- ☐ 1. **License Fee:** Official bank check or money order made payable to the Department of Banking and Consumer Finance in the amount of \$750.00 for an initial license fee or \$475.00 for a renewal fee.
- ☐ 2. **BOND** – Attach a surety bond (form attached) in the amount of One Thousand Dollars (\$1,000.00) for each Location, payable to the State of Mississippi issued by a surety company authorized to do business in the State of Mississippi.
- ☐ 3. **Financial Statements:**
If individually owned: Current Balance Sheet
If a partnership: Current Balance Sheet on each partner
If a Corporation: Current Corporate Balance Sheet
- ☐ 4. **LIST OF SHAREHOLDERS**, if corporation, and their residence address.
- ☐ 5. If a newly organized corporation, a copy of the **CHARTER AND ARTICLES OF INCORPORATION** for the State of Mississippi.
- ☐ 6. **INITIAL APPLICATIONS ONLY:** Attach a complete narrative description of the type of business activity to be conducted in the normal course of business by the applicant.
- ☐ 7. **Small Loan Contact List**
- ☐ 8. A copy of the **MS Secretary of State registration**.

This application must be completed and all of the requested information attached, or the entire application will be returned to you for proper attention which will delay the licensing process.

Please mail the completed application to:

Mailing Address:

Department of Banking and Consumer Finance
Attn: Consumer Division
P.O. Box 12129
Jackson, MS 39236-2129

Street/Overnight mailing address:

Department of Banking and Consumer Finance
Attn: Consumer Division
4780 I-55 North, 5th Floor
Jackson, MS 39211

Please be aware that §97-7-10, Miss. Code Ann., provides that, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars (\$10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment".

The undersigned swears or affirms and certifies that all information given in this application and all documents furnished as required for a license are true and accurate and further agrees to update such information upon any changes.. The undersigned understands that giving false information in this application or any supplemental forms constitutes cause for denial or revocation of the application or license and subject to criminal prosecution for perjury. The undersigned acknowledges that upon renewal of an existing license, if applicable, all violations noted in prior Examination Reports of the Mississippi Department of Banking and Consumer Finance have been corrected or are in the process of being corrected. The undersigned agrees to conduct its business in conformity to and will abide by the provisions of the Small Loan Regulatory Law, §75-67-101 et seq., Miss. Code Ann. and the Small Loan Privilege Tax Law, §75-67-201 et seq., Miss. Code Ann.

Date: _____

Name of Company

(Corporate Seal)

By: _____
Name (please print) Title

Signature

AFFIDAVIT

State of _____
County of _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____ who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true, accurate and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the ____ day of _____ 20____.

(Notary Seal)

Notary Public _____

My Commission Expires: _____